IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be

FORM-GBG

Gift, Bequest, or Grant Information received by a department or accepted by the Governor on beha of the state

For office use only

Indexed

Audited

provide a copy of this report to the Government Oversight Committee. This form is required to be		Checked
filed within 20 days of receipt of the gift, bequest, or grant.		Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, O	R GRANT:	
CHILD ADVOCACY BOARD		
Name of Department or Office 515 FIFTH AVENUE CO	UNCIL BLUFFS, IA 51503	
Malling Address City	City, State, Zip Code	
877-433-0595 Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE		
JIM HENNESSEY		
Name		444
321 E. 12TH STREET, 4TH FLOOR LUCAS BUILDING Mailing Address (If different from above)	DES MOINES, IA 5031 City, State, Zip (if different fro	
lim.hennessey@dia.lova.gov	515-242-6392	м вооче)
Emall Address	Area Code & Telephone Nun	nber (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:		
FRIENDS OF CASA AND FOSTER CARE REVIEW BOARD		
Name		
121 E. 12111STREET, 4TH FLOOR LUCAS BUILDING DES MOINES, IA 50319		
Mailing Address City, State, Zip Code	11 3/14/19	\$ <i>53.13</i>
515-281-7299	Date of Gift, Bequest, or Gran	nt Amount/Value*
Area Code & Telephone Number	*value is defined as *fair mad	ket value" of Item as determined by
sherri,ripperger@dia,iowa,gov	receiving department or office	
Email Address (optional)		
Provide a description of the gift, bequest, or grant and purpose thereof:		*
Purchased refreshments, cardy, n	askins & plates	for Recrutmen
	, , , , , , , , , , , , , , , , , , , ,	V
cevent.		
Criterie to use this form:		
Receipt of any gift, bequest, or grant that is received by any department of	f the state or received by the Govern	nor on behalf of the state.
Statement of Affirmation:		
Anne Christensen	about to a second and the second	
affirm that the gift, bequest, or grant reported donor and assessment of the fair market value (if applicable) is correct and true	above is accurate. I further affirm the to the best of my knowledge.	iat the information concerning the
<u> </u>		
anne Christenson		21 1
	<u> </u>	114/19
Signature	,	' Date